

location of the lower facial center. He was then so fairly well and comfortable that operation was indicated and urged only on account of the choked disks. He was operated upon in August, 1901, and almost immediately afterward his vision grew rapidly worse. There was much pressure from within and some brain matter protruded. A sarcoma of the small-celled variety was diagnosed. In April it became necessary to once more operate. The two operations have been followed by paresis of the left hand and anesthesia of the left upper extremity; the vision is slightly better..

Dr. Cheney asked how long the cerebral hernia, or bulging, had existed, and Dr. Newmark replied that it had been present since the first operation.

Dr. Sherman said that at the time of the first operation, when the bone flap was lifted, the brain bulged out through the opening, and that differentiation between tumor and brain tissues could not be made. Somewhere between 30 and 40 c. c. of brain matter had been removed during the operation. Healing was uneventful. At the second operation he had removed much more brain tissue than that which bulged through the opening. He used the curet and the operation was followed by temporary hemorrhage, so a drain was placed and allowed to remain for forty-eight hours, after which it was removed and the wound closed. The skin had almost united when hernia cerebri appeared. Straps were applied and the boy sent home. The bone flap is now lifted, like a hinged flap, but the pressure from within. Occasionally a few amber-colored drops of fluid escape and then there is relief from pain and headaches. At the time of the second operation, and subsequently, the brain has been carefully explored by means of the tenotome, but no sinus has been found. It is a serious question, at present, whether to lift the flap again and remove the bulging tissue, or to leave it as it is.

Dr. Somers referred to a case of injury to the brain, resulting in meningocele, which he had seen some four or five years ago. A small boy was accidentally shot in the frontal region. Trephining was performed, a button removed and the bullet extracted. The button was cleansed and replaced. A few days later pulsation and increase in size were noted, and the button was forced out. A mass of brain and granulation tissue extruded which was tender on pressure; for this reason strapping could not be used. The patient was referred to Dr. Rixford and skin-grafting was decided upon. Grafts were taken from the thigh, they united readily and the tumor steadily decreased in size.

Dr. Sherman said that the present condition was not a true hernia cerebri; it was a carcinoma of the brain, which, by causing pressure, forced the brain through the wound.

Dr. Rixford called attention to the fact that in the case cited by Dr. Somers, the skin-grafting had certainly been of some benefit; contraction of

the skin grafts had exerted the gradual pressure that reduced the mass, whereas the pressure by straps could not be tolerated. He further expressed the opinion that, as McBurney of Glasgow has demonstrated, it is often a good thing to allow the tumor of the brain to force a large amount of tissue out, and then scrape it off. Of course, such procedure is modified by the size and shape of the mass in each case.

Dr. Mark White, of the M. H. Service, exhibited some specimens and slides of the *Distomum Fineuse*.

He said that but little had been written about it, and but little was known. It is not native to this country, but is found more or less generally in the Orient. The habitat of the worm is the fresh water or pond snail. He had observed the presence of this infection in seventeen patients, sixteen of whom had died of the plague. There are no diagnostic features, and the presence of the infection can only be determined by finding the eggs of the worm in the feces. The worm is swallowed, digested, and portions of the worm and its eggs may be found in the feces. It acts more or less directly upon the walls of the bile passages, causing a thickening, and produces death in from six to eight years. There is said to be a barrel shaped alteration in the shape of the liver, but this is not always present, nor is it easy to determine, even if present. The infection produces chronic diarrhoea, edema and jaundice. He had seen but one live worm, and had not been able to detect the presence of the disease before death in any case. In his opinion, if the pond snails of this country become infected by the worm, brought from the Orient inadvertently, the disease will soon be epidemic and very dangerous. All animals, including the human animal, coming from the Orient, and all materials in any way liable to convey the worm into this country, should be very rigidly examined. He was of the opinion that it would be found here sooner or later, as would also most Asiatic diseases.

DEATHS.

Dr. John Byrne, president of the faculty of St. Mary's Hospital, Brooklyn, and one of the greatest of American gynecologists, died in Montreaux, Switzerland, the first of this month. Dr. Byrne was born in Ireland in 1825 and came to Brooklyn in 1848. He was one of the founders of the Long Island College Hospital, and in 1868 organized St. Mary's Female Hospital in Dean street. He was the author of many articles on gynecology and surgery.

Dr. Gregory J. Phelan, a pioneer of 1849, died on the 5th inst. in San Francisco. He was born in New York 1822. He was connected with St. Mary's Hospital for many years. Dr. Phelan was stricken with paralysis about three years ago and never recovered.